



APPLICATION FOR TAX REBATE UNDER THE CITY OF WICHITA
NEIGHBORHOOD REVITALIZATION PROGRAM

10-01-2011

(Please Print or Type)



PART 1- CONTACT AND PROPERTY INFORMATION

OWNER'S/ COMPANY NAME _____ DAYTIME PHONE NO. _____
OWNER'S MAILING ADDRESS _____ ZIP CODE _____
ALTERNATE PHONE # _____ EMAIL _____
PROPERTY ADDRESS _____ ZIP CODE _____
SCHOOL DIST. NO. _____ PARCEL IDENTIFICATION NUMBER _____
LEGAL DESCRIPTION _____

(Take Parcel ID number and legal description from your tax statement or call the County Clerk's Office)

PROPERTY USE (Check two) ☐ RESIDENTIAL ☐ NON-RESIDENTIAL
☐ RENTAL ☐ OWNER OCCUPIED

IS PROPERTY LISTED ON HISTORICAL
REGISTER OR IN A HISTORIC DISTRICT? ☐ NO ☐ YES (Attach proof)

PART 2--PROPOSED IMPROVEMENTS

(Be specific and use additional sheets if necessary)

IMPROVEMENTS

BUILDING PERMIT VALUE

\$ _____
\$ _____

PERMIT NO. _____ TOTAL BUILDING PERMIT VALUE \$ _____
(ATTACH COPY- MUST BE W/IN 180 DAYS OF APPLICATION DATE)

CONSTRUCTION START DATE _____ PROJECTED DATE OF COMPLETION _____

LIST BUILDINGS TO BE DEMOLISHED _____

IF DEMOLISHING A RESIDENTIAL STRUCTURE, COMPLETE THE FOLLOWING:

NUMBER OF DWELLING UNITS _____
(LIST TENANTS OCCUPYING THE BUILDING WHEN PURCHASED, IF KNOWN OR PRESENT TENANTS)

TENANT

DATE OF OCCUPANCY

PAYMENT ONLY VENDOR REGISTRATION. This information is necessary to insure you are entered into the City database as a vendor for payment when your rebate is ready for payment distribution. If any information changes it is your responsibility to contact the City of Wichita. Please keep a copy for your records.

Federal ID (FEIN)# _____ OR SSN: _____
(Your taxpayer ID will be matched to the IRS records)

(APPLICANT'S SIGNATURE)

(DATE)

I hereby certify that the information supplied herein is true and correct, that I am not subject to backup withholding and that I am a US Citizen or US resident Alien.